

FILE NOW: FILING FEE IS \$61.25 + 8.7

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Sep 20 1999 8:00 am  
Secretary of State

DOCUMENT # NS1069

1. Corporation Name

FUTURO INC.  
P.O. BOX 565625  
MIAMI, FL. 33256-5625

Principal Place of Business

Mailing Address

8045 S.W. 106 St.  
MIAMI, FL. 33156

2. Principal Place of Business

21 8045 SW 106 St

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09-25-92

4. FEI Number

65-0428978

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

22 City & State

MIAMI - FL

27 City & State

MIAMI - FL

23 Zip

33156

Country

US.

28 Zip

33156

Country

30

9. Name and Address of Current Registered Agent

OLGA A. KREDI

10. Name and Address of New Registered Agent

81 Name OLGA A. KREDI

82 Street Address (P.O. Box Number is Not Acceptable)

8045 SW 106 St

84 City MIAMI

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

OLGA A. KREDI

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

9/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PRESIDENT (D)	OLGA A. KREDI	8045 SW 106 St	MIAMI, FL 33156	<input type="checkbox"/>
V.P. (D)	MARIA GIRAL	8045 SW 106 St	MIAMI, FL 33156	<input type="checkbox"/>
TREASURER (D)	SAUL KREDI	8045 SW 106 St	MIAMI, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		900003006459	-10/05/99-01106-019	<input type="checkbox"/>	<input type="checkbox"/>
		*****61.25	*****61.25	<input type="checkbox"/>	<input type="checkbox"/>
		900003006459	-10/05/99-01106-020	<input type="checkbox"/>	<input type="checkbox"/>
		*****8.75	*****8.75	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/99

Daytime Phone #

CR2E037 (11/98)